DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Corrected

Facility Information

Facility Name: ILS DEUSTER HOME (0010237)

Address: 6630 DEUSTER ST, GREENLEAF, WI 54126

License Status: REGULAR

Licensed/Certified/Registered 11/27/2003

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0097437 End Date: 06/29/2006 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007325 Served 07/31/2006

Deficiencies Cited Subject Area Subject Area Compliance

Verified

88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS

88.10(3)(1) SAFE PHYSICAL ENVIRONMENT

Survey ID: 0091609 End Date: 11/26/2003 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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